## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |  |               |   |                  | SMALL ENTITY TYPE  |                                       | OTHER THAN |                    |                        |
|--|--|--|---------------|---|------------------|--------------------|---------------------------------------|------------|--------------------|------------------------|
| TOTAL CLAIMS   |  |  | 174           | . (00%)                                       |                  | RATE               | FEE                                   | ]          | RATE               | FEE                    |
| FOR  |  |  | NUMBER        | FILED NUMB                                    | ER EXTRA         | BASIC FEE          |                                       | OR         | BASIC FEE          | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |  | 17 min        | nus 20= '                                     |                  | XS 9=              |                                       | OR         | X\$18=             |                        |
| INDEPENDENT CLAIMS   |  |  | / minus 3 = * |   |                  | X43=               |                                       | OR         | X86=               |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |               |   |                  |                    |                                       | OR         | +290=              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |  |               |   |                  |                    | <u></u>                               | OR         | TOTAL              |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |  |               |   |                  | SMALL              | ENTITY                                | OR         | OTHER<br>SMALL     |                        |
| ENT A  |  | CTAIMS REMAINING AFTER AMENOMENT           |               | NUMBER<br>PREVIOUSLY<br>PAID FOR              | PRESENT<br>CXTRA | RATE               | NDDI<br>TIONAL<br>FEE                 |            | HATE               | ADDI<br>TIONAL<br>FEE  |
| AMENDMENT  | Total  | . /7                                       | Minus         | " QO  | a                | XS 9=              |                                       | OR         | X\$18=             |                        |
| AME  | Independent                                    | NITATION OF MI                             | Minus         | PENDENT CLAIM                                 | -                | X43 <i>=</i>       |                                       | OA         | X86=               |                        |
| <u> </u>   | THOTPHESE                                      | 1 1 1                                      | JENFEL DEI    | CNDERT COAM                                   |                  | +145=              |                                       | OR         | +290=              |                        |
|  | 12/4/04  |  |               |   |                  |                    |                                       | OR         | TOTAL<br>ADDIT FEE |                        |
| AMENDMENT B  |  | COlumn 1) CLAIMS REMAINING AFTER AMENDMENT |               | (Column 2) HIGHEST NUMBER PREVIOUSL: PAID FOR | PRESENT FYTHM    | RATE               | ADDI<br>TIONAL<br>FEE                 |            | RATE               | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 15                                       | Minus         | 20  | . /              | XS 9               | /                                     | QH         | X\$184             | /                      |
| AME  | Inoependent                                    | . 2  | Minus         | <u> </u>                                      | -                | X43=               |                                       | OR         | X86=               |                        |
|  | FIRST PRESE                                    | NTATION OF MU                              | ILTIPLE DEF   | PENDENT CLAIM                                 | _/U_I            | +145.c             | 1                                     | ÓН         | +290≈              | (==                    |
|  |  |  |               |   |                  | TOTAL<br>ADDIT LEE |                                       | OR         | TOTAL<br>ADDIT FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |  |               |   |                  |                    | · · · · · · · · · · · · · · · · · · · |            |                    |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |               | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA | RATE               | AUÜI-<br>TIONAL-<br>FEE               |            | RATE               | ADDI-<br>TIONAL<br>FEE |
| Ž<br>D   | Total  | •  | Minus .       | ** '  | <u>.</u>         | X\$ 9=             |                                       | OR         | X\$18=             | ·                      |
| ME   | Independent                                    | •  | Minus         | res.  | я<br>,           | X43=               |                                       | OR         | X86=               |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |               |   |                  |                    |                                       |            | 200-               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. |  |  |               |   |                  |                    |                                       |            |                    |                        |